DMH Revised SERVICE 8-14-03 CODE	E DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	СРТ	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
POS System	Services											
02200H	EVALUATION/ASSESSM	\$18,300	15 min						H0031	Mental health assessment by non-physician		
040001	NUTRITIONAL EVAL/ASSES IND-	\$160	1 hour	15 min	97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 min.						
06001W	PRE-ADM SCREEN/EVAL PASARR level 1	\$9,400		Per event		,			T2010	Preadmission screening and resident review (PASRR) Level I		
	PRE-ADM SCREEN/EVAL PASARR level 2REC THERAPY EVAL			Per event					T2011	Preadmission screening and resident review (PASRR) Level II		
090001	IND-	\$550	1 hour									
12000H	PSYCHOLOGICAL EVAL/ASS-IND-		1/2 hour	per hour	96100	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, per hour. Evaluation of speech,						
15000A	SPEECH/LANGUAGE EVAL -IND	\$129	1/2 hour		92506	language, voice, communication, auditory processing and/or aural rehabilitation status						

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
							Evaluation of speech,						
							language, voice,						
							communication, auditory						
		SPEECH/LANGUAGE					processing and/or aural						
	15000H	EVAL -IND	\$1,868	1/4 hour		92506	rehabilitation status						
							Evaluation of speech,						
							language, voice,						
							communication, auditory						
	4=0001	SPEECH/LANGUAGE					processing and/or aural						
	15000J	EVAL -IND	\$2,028	1/4 hour		92506	rehabilitation status						
	470004	PHYSICAL THRPY	4074	4 (0.1		07004	Physical therapy						
	17000A	EVAL/AS-IND-	\$274	1/2 hour		97001	evaluation						
	4700011	PHYSICAL THRPY	#400	4/4		07004	Physical therapy						
	17000H	EVAL/AS-IND-	\$433	1/4 hour		97001	evaluation						
	100004	OCCUPATNAL THRPY EV/AS-IND-	644 6	1/0 have		07000	Occupational therapy						
	18000A	OCCUPATNAL THRPY	\$115	1/2 hour		97003	evaluation						
	100001	EV/AS-IND-	¢201	1/4 hour		97003	Occupational therapy evaluation						
	18000H	OT EVAL-EQP REP/HM	\$201	1/4 11001		97003	Occupational therapy						
	18100A	MOD-IND-	960	1/2 hour		97003	evaluation						
	10100A	MOD-IND-	φου	1/2 11001		97003	evaluation				Behavioral health screening		
											to determine eligibility for		
		BEHAVIOR THERAPY									admission to treatment		Masters degree
 	19100A	EVAL IND-	\$140	1/2 hour						H0003		НО	level
	10100/1		ΨΙΨΟ	1/2 11001						110002	Behavioral health screening	110	IC V CI
											to determine eligibility for		
		BEHAVIOR THERAPY									admission to treatment		Masters degree
,	19100H	EVAL	\$108	IND						H0002		НО	level

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	POS Unit AMOUNT Size	Required Unit size	СРТ	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
	19200A	BEHAVIOR MANAG. EVAL IND-	\$581 1/2 hour						H0002	Behavioral health screening to determine eligibility for admission to treatment program		Bachelors degree level; Services provided on behalf of client to someone other than the client (collateral relationship)
	19200H	BEHAVIOR MANAG. EVAL IND	\$20,446 1/4 hour						H0002	Behavioral health screening to determine eligibility for admission to treatment program		Bachelors degree level; Services provided on behalf of client to someone other than the client (collateral relationship)
	20014H	CASE MGMT/ADVOCACY IND	\$1,530 1/4 hour	15 min					T1016	Case Management, each 15 min		
Y9126	33100H	BEHAVIOR THERAPY/QMRP	\$62,939 1/4 hour	15 min					H0004	Behavioral health counseling and therapy, per 15 min		
	33A00A	BEHAVOR THER- CLINICAL IND-	\$1,689 1/2 hour	15 min					H2019	Therapeutic Behavioral Services, per 15 minutes	НО	Masters degree level
		BEHAVIOR THER-								Therapeutic Behavioral		Masters degree
	33A00H	CLINICAL IND BEHAVIOR THER-	\$299,038 1/4 hour	15 min					H2019	Services, per 15 minutes	НО	level
	33A00J	CLINICAL IND	\$14,632 1/4 hour	15 min					H2019	Therapeutic Behavioral Services, per 15 minutes	НО	Masters degree level
	33A01H	BEHAVIOR THERAPY ASSISTANT	\$3,486 1/4 hour	15 min						Therapeutic Behavioral Services, per 15 minutes	НМ	Less than bachelor degree level

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	POS AMOUNT Si	- X	Unit size CPT	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
	33B00A	BH THR-CL ORENTD CNSLT IND-	\$1,147 1/2 h	our 15 mi	n				H2019	Therapeutic Behavioral Services, per 15 minutes	HO. UK	Masters degree level; Sevice provided on behalf of client to someone other than the client (collateral relationship)
	33B00H	BH THR-CL ORENTD CNSLT IND	\$1,143 1/4 h							Therapeutic Behavioral Services, per 15 minutes		Masters degree level; Sevice provided on behalf of client to someone other than the client (collateral relationship)
	35000H	INTERPERSONAL CNSL/THY-IND-	\$29,542 1 hou							Behavioral health counseling and therapy, per 15 min		Masters degree
	35000J	INTERPERSONAL CNSL/THY-IND- INTERPERSONAL	\$540 1/4 ho		n				H0004	Behavioral health	НО	Masters degree
	35000S	INTERPERSONAL CNSL/THY-GRP- INTRPRSNL	\$3,873 1/4 ho	our 15 mi	n				H0004	counseling and therapy, per 15 min Behavioral health counseling and therapy, per	HQ	Masters degree level; Group Masters degree
	35A00A	CNSLG/CLIENT-IND-	\$26,352 1/2 ho	our 15 mi	n				H0004	15 min Behavioral health	HO,	level
	35A00B	INTRPRSNL CNSLG/CLIENT-IND-	\$11,305 1/2 ho	our 15 mi	n				H0004	counseling and therapy, per 15 min Behavioral health	НО,	Masters degree level
Y9109	35A00H	INTRPRSNL CNSLG- CLIENT-IND-	\$50,764 1/4 ho	our 15 mi	n				H0004	counseling and therapy, per	НО,	Masters degree level

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	СРТ	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description Behavioral health	Modifier Description
	35A00J	INTRPRSNL CNSLG- CLIENT IND-	\$1,350	1/4 hour	15 min					H0004	counseling and therapy, per HO, Ma	
	35B00A	INTRPRSNL CNSLG/FAMILY-IND-	\$1,901	1/2 hour	15 min					H0004	lev probe bel son Behavioral health	sters degree rel; Sevice ovided on half of client to meone other in the client ollateral ationship)
		INTRPRSNL CNSLG/FAMILY-IND1		1/2 hour	15 min					H0004	Malev probe soo Behavioral health	sters degree rel; Sevice ovided on half of client to meone other in the client
Y9109	35B00H	COUNSELING/FAMILY IND	\$3,294	1/4 hour	15 min					H0004	Behavioral health counseling and therapy, per 15 min lev	esters degree el; Sevice ovided on half of client to meone other an the client billateral ationship)
	392101	HOMEMAKER SRV.QLTY.I IND-	\$8,159	1 hour	1 hour					S9123		
	392102	HOMEMAKER SRV QLTY I -IND-	\$191	1 hour	1 hour					S9123	Nursing care, in the home; by registered nurse, per hour Nursing care, in the home;	
	39210H	HOMEMAKER SRV.QLTY.I IND	\$3,553	1/4 hour	1 hour					S9123	by registered nurse, per	

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Pavisad	DMH SERVICE		PO)S Unit	Required Unit size			Modifirers	Modifier	HCPCS		Modifiers	Modifier
8-14-03	CODE	DESCRIPTION		Size	Rec Uni	CPT	CPT Description	Mo	Description	호	HCPCS Description	Mod	Description
									l l	_	Nursing care, in the home;		, , ,
		HOMEMAKER									by Licensed practical nurs,		
	392201	SRV.QLTY.II IND-	\$4,042 1 ho	our	1 hour					S9124	per hour		
		LIOMENANCED ODV									Nursing care, in the home;		
	202202	HOMEMAKER SRV QLTY II -IND-	¢544.4 h.		1 have					00404	by Licensed practical nurs, per hour		
	392202	QLTY II -IND-	\$511 1 ho	our	1 hour					59124	Nursing care, in the home;		
		HOMEMAKER SRVS									by Licensed practical nurs,		
	39220A	QLTY II-IND-	\$1,908 1/2	hour	1 hour					S9124	per hour		
			¥ 1,000 H								Oral medication		
		HM HLT CR-MED SUP									administration, Direct		
	39260W	DISP -	\$11,561 Prs	scb						H0033	observation		
		ADAPTIVE									Specialized supply, not		
Y9145	39270W	EQUIPMENT PR	\$39,623 Esc	3						12028	otherwise specified, waiver		
		ADAPTIVE									Specialized medical equipment, not otherwise		
		EQUIPMENT PR	Esc	_						T2029	specified, waiver		
		ADAPTIVE		,						12023	Vehicle modifications,		
		EQUIPMENT PR	Esc	2						T2039	waiver; per service		
		HOME MODIFICATION			Per						Home modifications, per		
Y9140	39271W	PR	\$9,271 Esc	0	service						service		
										SHAR			
SHARE		RESPITE SRVCS								ED			
ט	44000W	/SHARED UNIT-	\$498,538							UNIT	Live de West and the second		
Y9112	440404	IN-HOME RESPITE CARE IND	¢165 410 1 b	our	15 min					CE1E0	Unskilled respite care, not		
19112	440101	RESPITE CARE(IN	\$165,418 1 ho	oui	13 IIIII					33130	hospice, per 15 min Unskilled respite care, not		
	440102	HOME) IND	\$27,288 1 ho	our	15 min					S5150	hospice, per 15 min		
		RESPITE CARE(IN-	Ψ27,200 1 110	- Jul						30.00	Unskilled respite care, not		
Y9122	440107	HOME) GRP	\$930 1 ho	our	15 min					S5150	hospice, per 15 min	HQ	Group
		IN-HOME RESPITE									Unskilled respite care, not		·
Y9111	44010F	CARE IND	\$9,900 Day	y	Per Diem					S5151	hospice, per diem		
		RESPITE CARE(OUT-									Unskilled respite care, not		
	440201	HOME)IND	\$5,534 1 ho	our	15 min					S5150	hospice, per 15 min		

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit	Required Unit size	СРТ	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
	440202	RESPITE CARE(OUT- HOME)IND	\$15,028	1 hour	15 min					S5150	Unskilled respite care, not hospice, per 15 min		
	770202	OUT-HOME RESPITE	ψ13,020	1 Hour	13 111111					33130	Unskilled respite care, not		
Y9130	44020F	CARE IND	\$25,272	Dav	Per Diem					S5151	hospice, per diem		
10100	110201	OUT-HOME RESPITE	Ψ20,212	Day	i oi bioiii					00101	Unskilled respite care, not		
	44021F	CARE IND	\$9,901	Dav	Per Diem					S5151	hospice, per diem		
		RESPITE CARE (R&R)	+ - ,	- 7							Unskilled respite care, not		
	44030F	-IND-	\$247	Day	Per Diem					S5151	hospice, per diem		
	44A101	SPC RESP(MED)RS- OUT-HM IND-	\$5,392	1 hour	15 min					S5150	Unskilled respite care, not hospice, per 15 min	TG	Complex/high tech level of care
	44A102	SPC RESP(MED)RS- OUT HOME IN	\$68,692	1 hour	15 min					S5150	Unskilled respite care, not hospice, per 15 min	TG	Complex/high tech level of care
	44A10F	SPC RESP(MED)RS- OUT-HM IND-	\$185	Day	Per Diem					S5151	Unskilled respite care, not hospice, per diem	TG	Complex/high tech level of care
	44A201	SPC RESP(MED)IN-HM CAR IND-	\$9,194	1 hour	15 min					S5150	Unskilled respite care, not hospice, per 15 min	TG	Complex/high tech level of care
	44A202	SPC RESP(MED)IN-HM CAR IND	\$493	1 hour	15 min					S5150	Unskilled respite care, not hospice, per 15 min	TG	Complex/high tech level of care
	44B201	SP RESP(BEH)IN-HM CARE IND-	\$5,775	1 hour	15 min					S5150	Unskilled respite care, not hospice, per 15 min	TG	Complex/high tech level of care
	44B202	SP RESP(BEH)IN-HM CARE IND	\$51,462	1 hour	15 min					S5150	Unskilled respite care, not hospice, per 15 min	TG	Complex/high tech level of care

Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	POS Un AMOUNT Size	Required Unit size	СРТ	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
Y9113	490011	PRSNL ASSIST/IND CONT. IND	\$298 1 hour	15 min					T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nursing assistant)		Consumer directed services
Y9123	490016	PRSNL ASSIST/IND CONT. GRO	\$2,831 1 hour	15 min						Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nursing assistant)		Consumer directed services; Group
	490021	PERSONAL ASSIST, MED/BEH	\$195,086 1 hour	15 min					T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nursing assistant)		Consumer directed services; Complex/high tech level of care

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DMH Revised SERVICE 8-14-03 CODE	E DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	СРТ	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
490022	PERSONAL ASSIST, MED/BEH	\$2,540	1 hour	15 min					T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nursing assistant)	U2, TG	Consumer directed services; Complex/high tech level of care
490031	PERSONAL ASSIST, AGENCY	\$380,131		15 min						Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nursing assistant)	,	
490032	PERSONAL ASSIST, AGENCY	\$21,521	1 hour	15 min					T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nursing assistant)		

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	POS Unit AMOUNT Size	Required Unit size CPT	CPT Description	Modifier OD Description	HCPCS Description	Modifiers	Modifier Description
	49A001	ATD SVC(GEN)OVR 12 YRS IND-	\$35,055 1 hour	15 min		T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nursing assistant)	U2	Consumer directed services
	49A002	ATD SVC(GEN) OUR 12YRS-IND-	\$75,347 1 hour	15 min		T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nursing assistant)		Consumer directed services; Child/adolescent program
	49A101	SP ATD SV(MD)OVR 12 YR IND-	\$2,314 1 hour	15 min		T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nursing assistant)		Consumer directed services; Complex/high tech level of care

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	СРТ	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
	49A201	SP ATD SV(BH)OVR 12 YR IND-	\$16	1 hour	15 min					T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nursing assistant)	U2, TG	Consumer directed services; Complex/high tech level of care
		SP ATD SV(BH)12 &									Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nursing	U2,	Consumer directed services; Complex/high tech level of care; Child/adolescent
		UNDR IND	\$26,111	1 hour	15 min					T1019	assistant)		program
	510101	LEISURE ACTIVITY/RECIND LEISURE	\$2,379		15 min						Activity therapy, per 15 minutes Activity therapy, per 15		
		ACTIVITY/REC -	\$12,943	Day	15 min					H2032	minutes		
	51010M	LEISURE ACTIVITY/RECGRP LEISURE	\$26,068	1/2 hour	15 min					H2032	Activity therapy, per 15 minutes Activity therapy, per 15	HQ	Group
	51010W	ACTIVITY/REC.	\$1,037	Presc	15 min					H2032	minutes		
	51010X	LEISURE ACTIVITY/REC -IND- THERAPEUTIC	\$725	Day	15 min					H2032	Activity therapy, per 15 minutes Activity therapy, per 15		
		RECREATION-IND-	\$28,259	1 hour	15 min					H2032	minutes		

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	POS Unit	Required Unit size	СРТ	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
		THERAPEUTIC								Activity therapy, per 15		
	51020A	RECREATION-IND-	\$5,600 1/2 hour	15 min					H2032	minutes		
	E400014	THERAPEUTIC	DE 000 4/0 1	4.5						Activity therapy, per 15		
	51020M	RECREATION-GRP-	\$5,000 1/2 hour	15 min					H2032	minutes	HQ	Group
	51050F	RESIDENT CAMP - 24 HR-	Day	each session					T2036	Therapeutic camping, overnight, waiver; each session		
				45 min or						Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45		
	51200H	MUSIC THERAPY	\$112,090 1/4 hour	more					G0176	minutes or more)		
		COMMUNITY	. ,							Case management, each		
Y9119	52000H	SPECIALIST	\$4,500 1/4 hour	15 min					T1016	15 minutes		
SHARE D	52000W	HAB SRVCS/SHARED UNIT -GRP-	\$4,233,777 Month									
		ON-SITE DAY HAB	Ţ,,233,							Day habilitation, waiver per		
Y9104	52001H	IND	\$35,908 1/4 hour	15 min					T2021	15 minutes		
		ON-SITE DAY HAB								Day habilitation, waiver per		
	52001J	IND	\$188 1/4 hour	15 min					T2021	15 minutes		
		ON-SITE DAY HAB								Day habilitation, waiver per		
Y9103	52001S	GRP	\$532,892 1/4 hour	15 min					T2021	15 minutes	HQ	Group
		ON-SITE DAY HAB								Day habilitation, waiver per		
	52001T	GRP	\$146,206 1/4 hour	15 min					T2021	15 minutes	HQ	Group
SHARE D	52001W	HAB SRVCS/SHARED UNIT-GR-MO	\$498,750 Month									
Y9106	52002H	OFF-SITE DAY HAB	\$1,231,493	15 min					T2021	Day habilitation, waiver per 15 minutes	SE	State and/or Federally-funded programs/service s

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	T				1	1	_		1	1	_		
Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT F	POS Unit Size	Required Unit size	СРТ	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
	52002J	OFF-SITE DAY HAB	\$315,388		15 min					T2021	Day habilitation, waiver per 15 minutes	SE	State and/or Federally-funded programs/service s
Y9105	52002S	OFF-SITE DAY HAB GRP	\$208,016		15 min					T2021	Day habilitation, waiver per 15 minutes	SE, HQ	State and/or Federally-funded programs/service s; Group
	52002T	OFF-SITE DAY HAB GRP	\$12,965		15 min					T2021	Day habilitation, waiver per 15 minutes		State and/or Federally-funded programs/service s; Group
Y9115	55000H	OCCUPATIONAL THERAPY -IND	\$197,164 1	/4 hour	15 min	97535	Self care/home management training & compensatory training, & instruction in use of adaptive equipment, 15 minutes						
		OCCUPATIONAL					Self care/home management training & compensatory training, & instruction in use of adaptive equipment, 15						
	55000J	THERAPY -INDOT ASSISTANT (COTA)	\$264 17		15 min		minutes Self care/home management training & compensatory training, & instruction in use of adaptive equipment, 15						
	55001H	PHYSICAL THERAPY-	\$2,904 1		15 min		minutes Therapeutic procedure/exercise to develop strength and endurance, range of motion and flexibility, 15						
Y9110	56000H	IND	\$37,541 1	/4 hour	15 min	97110	minutes						

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
							Therapeutic procedure/exercise to						
							develop strength and						
							endurance, range of						
	EC00411	PHYSICAL THERAPY	ተ 2 200	1/4 have	15 main	07440	motion and flexibility, 15	1.15.4	Less than				
	56001H	ASSISTANT	\$3,298	1/4 hour	15 min	97110	minutes Therapeutic	НМ	bachelor degree				
							procedure/exercise to						
							develop strength and						
							endurance, range of						
		PHYSICAL THERAPY					motion and flexibility, 15						
	56004H	IND	\$3,167	1/4 hour	15 min	97110	minutes						
							Therapeutic						
							procedure/exercise to develop strength and						
							endurance, range of						
		P T-CLNT ORENTD					motion and flexibility, 15						
Y9110	56A00H	CNSLTN-IND-	\$78	1/4 hour	15 min	97110	minutes						
		PRE-VOC TRNG LEVEL		1									
		1 -IND-	\$10,054	1/4 hour									
		PRE-VOC TRNG LEVEL											
		2 -GRP-	\$4,890	1 hour							0		
		VOC.ADJ.TR.MOBILE CREW-GRP-	\$10,638	1 hour	15 min					Hanaa	Supported employment, per 15 minutes	HQ	Group
		VOC. ADJ. TR. MOBILE	φ10,030	1 Hour	13 111111					HZUZ3	Supported employment, per	ΠQ	Group
		CREW-G	\$19,326	1 hour	15 min					H2023		HQ	Group
		VOC ADJ TR MOBILE	+ · · · · · ·								Supported employment, per		1
		CREW-GRP-	\$4,235	1/2 hour	15 min					H2023		HQ	Group
		VOC.ADJ.TR.MOBILE									Supported employment, per		
	58040S	CREW-GRP-	\$11,235	1/4 hour	15 min			1		H2023	15 minutes	HQ	Group
		SUPORTD									Supported employment, per		
	580601	EMPLOYMNT JOBS IND-	\$13,401	1 hour	15 min					H2023	15 minutes		
	300001	Lim LOTIVITATI GODO IND-	ψ10,701	. Hour	.0 111111					. 12020	TO THINGLOO		
		SUPORTD									Supported employment, per		
	580602	EMPLOYMNT JOBS IND	\$1,115	1 hour	15 min					H2023	15 minutes		

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	POS UI AMOUNT Size	Required Unit size	CPT	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
	58060A	SUPORTD EMPLOYMNT-JOBS-IND-	\$294 1/2 hou	15 min					H2023	Supported employment, per 15 minutes		
Y9150	58060H	SUPORTD EMPLOYMNT-JOBS-IND-	\$2,550 1/4 hou	15 min					H2023	Supported employment, per 15 minutes		
	580706	SUPORTD EMPLOMT- ENCLAV GRP-	\$3,191 1 hour	15 min					H2025		HQ	Group
	58070M	SUPORTD EMPLOMT- ENCLAV GRP-	\$127 1/2 hr	15 min					H2025	Ongoing support to maintain employment, per 15 minutes	HQ	Group
Y9152	58070S	SUP. EMPLOY. ENCLAVE GRP	\$48,372 1/4 houi	15 min					H2025	Ongoing support to maintain employment, per 15 minutes	HQ	Group
	73000A	SPEECH/LANGUAGE THERPY-IND-	\$292 1/2 hou		92507	Treatment of speech, language, voice, communication, and/or auditory processing disoder						·
Y9120	73000H	SPEECH/LANGUAGE THERPY-IND-	\$226,544 1/4 hou		92507	Treatment of speech, language, voice, communication, and/or auditory processing disoder						
	73004H	SPEECH/LANGUAGE THERPY-IND-	\$3,959 1/4 hou		92507	Treatment of speech, language, voice, communication, and/or auditory processing disoder						
		INTERPRETING FOR DEAF-IND	\$137 1/2 hou						T1013	Sign language or oral interpreter services		
	802010	COMMUNICATION ASSISTANT	\$25,770 1 hour	15 min					H2014	Skills training and development, per 15 minuts	TG, HM	Complex/high tech level of care; Less than bachelor degree

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	80201H	INTERPRETING IND	\$1,801 1/4 hour						T1013	Sign language or oral interpreter services		
		INTERPRETING FOR								Sign language or oral		
	80201W	DEAF	\$3,702 Presc						T1013	interpreter services		
Y9121	802101	COMMUNICATION SKILLS INSTRUCTION SIGN LANG/COM SKILL	1 hour	15 min					H2014	Skills training and development, per 15 minuts	TG	Complex/high tech level of care
	80210B	INST A	\$17,065 1/2 hour						T1013	Sign language or oral interpreter services		
	80302H	ALTER LANGUAGE TRANSLATION	\$1,626 1/4 hour							Sign language or oral interpreter services		
	81010W	MEDICATION SERVICES -	\$6,075 Presc	15 min					H0034	Medication traing & support, per 15 minutes		
	83000L	MEDICAL SUPPLIES- EQUIPMENT-	\$26,891 Presc						T2029	Specialized medical equipment, not otherwise specified, waiver		
				Per Service						Vehicle modifications, waiver; per service		
	83000W	MEDICAL SUPPLIES	\$18,568 Presc						T2028	Specialized supply, not otherwise specified, waiver		
	83010W	MEDICAL SUPPLIES- INCONT -	\$53,532 Presc	Each					S8403	Adult-sized incontinence garment, disposable, pull-up brief, each		
	87200H	IN-HOME SRVC(NATURAL ENV) TRN.MISC.ADULT 5-9	\$6,863 1/4 hour									
	875142	COD NO A	\$41,958 T-Grp									
		TR.DEV.TRG.ADLT.10+C	\$10,522 T-Grp									
	877149	TR.DEV.TG.ADLT.2- 4CHLT.NO A .TRANSPORTATION	\$721 T-Grp									
	890000	(GENERAL)	\$154									

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	СРТ	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
	890001	TRANSPORTATION - IND	\$840										
	090001	TRANSPORTATION -	φ040	_									
	890002	IND	\$6,126	Mile									
SHARE	_	TRANSPRTN		_									
D	89000W	SVCS/SHARED UNIT-	\$237,938	_									
	000040	TRANS IST	0404.754	- .									
	890010	AMBULATORYTRANS IST NON-	\$124,754	· I rip									
	890011	AMBULATORY	\$17,164	Trip									
	_	TRANS DR	, ,	_									
	890012	AMBULATORY	\$11,348	Trip									
	00004144	TRANSPORTATION	**	_									
	89001W	AS TRANSPORTATION	\$3,090	Presc									
	890100	TRAINSPORTATION	\$350	Mile									
		ROLLING MILE - GRP.	φοσο	_									
	890106	-	\$8,966	_									
	000004	ONE-WAY TRIP - IND.	* 4.400										
	890201	- ONE-WAY TRIP - GRP.	\$1,488	_									
	890206	UNE-WAT TRIP - GRP.	\$4,421										
	_ 000200	ONE-WAY TRIP	Ψ.,.=.	_									
	890211	IND	\$9,060										
		FIXED											
	890271	ROUTE/AMBULATORY AREA	\$102,075	: 1									
	090271	FIXED	\$102,075	-									
		ROUTE/AMBULATORY											
	890272	AREA	\$92,138	2									
		FIXED											
	890273	ROUTE/AMBULATORY AREA	\$66,166	3									
	_080273	FIXED	φου, 100	_									
		ROUTE/AMBULATORY											
	890274	AREA	\$41,421	4									

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		FIXED ROUTE/AMBULATORY											
	890275	AREA	\$12,263	5									
	-	FIXED		_									
		ROUTE/AMBULATORY	* 400.000										
	890276	AREA FIXED	\$160,993	66									
		ROUTE/AMBULATORY											
	890277	AREA	\$136,127	7									
	-	FIXED		_									
		ROUTE/AMBULATORY											
	890278	AREA	\$6,468										
	890281	FIXED ROUTE/NON- AMBULATORY	\$10,716	area 1									
	030201	FIXED ROUTE/NON-	Ψ10,710	alea i									
	890282	AMBULATORY	\$33,558	area 2									
		FIXED ROUTE/NON-											
	890283	AMBULATORY	\$3,053	area 3									
	890284	FIXED ROUTE/NON- AMBULATORY	¢2 200	area 4									
	090204	FIXED ROUTE/NON-	φ3,200	alea 4									
	890285	AMBULATORY	\$60,040	area 5									
	-	FIXED ROUTE/NON-											
	890286	AMBULATORY	\$9,952	area 6									
	890287	FIXED ROUTE/NON- AMBULATORY	¢ 0 244	area 7									
	090207	FIXED ROUTE/NON-	क्ठ,उ।।	alea /									
	890288	AMBULATORY	\$12,406	area 8									
	-												
	890406	ZONE - GRP	\$1,610										
	891101	TRAVEL - CONTRACTOR - IND	PGE 111										
	091101	TR.SHELTRD WKSP-	\$65,114	_									
	891146	ADULT W/O A	\$6,683	T-Grp									
	-	TR.SHL WKSP-ADULT		_									
	891148	2-4 W/O A	\$2,866	T-Grp									

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		TR.DEVELOP TRNG- ADULT W/O A	\$42,141	T-Grn									
		 INFORMATION/EDUCATI ON-IND	\$1,995							H0023	Behavioral health, outreach service (planned approach to reach a targeted population) Behavioral health, outreach		
		 INFORMATION/EDUCATI ON-IND	\$480	1 hour						H0023	service (planned approach to reach a targeted population)		
		 INFORMATION/EDUCATI ON-IND	\$41,274	1/4 hour						H0023	Behavioral health, outreach service (planned approach to reach a targeted population)		
		 INFORMATION/EDUCATI ON -	\$5,250	Presc						H0023	Behavioral health, outreach service (planned approach to reach a targeted population)		
	94200H	PARENT/CAREGIVER TRAINING	\$110,869	1/4 hour	15 min					H2014		UK	Services provided on behalf of client to someone other than the client (collatreal relationship)
		PLANNING & CONSULTATION -	\$104,514	1 hour						H0023	Behavioral health, outreach service (planned approach to reach a targeted population) Behavioral health, outreach	???	
	95000H 95004H	PLANNING & CONSULTATIONABA CONSULTATION		1/4 hour 1/4 hour						H0023	service (planned approach to reach a targeted population)	???	
		SUPPORTED RES DEV SRVC-IND-	\$9,846	Presc	Per diem					H0043	Supported housing, per diem		

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	СРТ	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
		PEER SUPRT-							-		Self-help/peer services, per		-
	960051	CONSUMER SPECIFI	\$71,643	1 hour	15 min					H0038	15 minuts		
	960052	PEER SUPRT-SYSTEM ORIENTED	\$73,424	1 hour	15 min					H0038	Self-help/peer services, per 15 minuts		
C	ompreh	ensive Waiver											
											Habilitation, residential,		Comprehensive
Y9100		Residential Habilitation		Day	Per Diem					T2016	waiver, per diem	HI, HQ	Waiver; Group
		Intensive Res Hab (J									Habilitation, residential,		Comprehensive
Y9100	Y91008	codes)		Day	Per Diem					T2016	waiver, per diem	HI, HQ	Waiver; Group
											Habilitation, residential,		Comprehensive
Y9100	Y91029	Residential Habilitation II		Day	Per Diem					T2016	waiver, per diem	HI, HQ	Waiver; Group
											Habilitation, residential,		Comprehensive
Y9100	Y91039	Residential Habilitation III		Day	Per Diem					T2016	waiver, per diem	HI, HQ	Waiver; Group
		Independent Supported		_							Habilitation, residential,		Comprehensive
Y9101	Y91019	Living		Day	Per Diem					12016	waiver, per diem	HI	Waiver
	,,,,,,,,,,	0 00 5 11 1 0								T	Day habilitation, waiver; per		Comprehensive
Y9103	Y92039	On Site Day Hab, Group		15 min	15 min					T2021	15 minutes		Waiver; Group
V0404	V04040	On Cita Davillah Indi		45	45					T0004	Day habilitation, waiver; per		Comprehensive
Y9104	Y91049	On Site Day Hab, Indv		15 min	15 min					T2021	15 minutes	HI	Waiver
													Comprehensive waiver; Group; Off Site (State and/or Federally- funded
											Day habilitation, waiver; per		programs/service
Y9105	Y91059	Off Site Day Hab, Group		15 min	15 min					T2021	15 minutes	SE	s)
													Comprehensive Waiver; Off Site (State and/or Federally-funded
											Day habilitation, waiver; per		programs/service
Y9106	Y91069	Off Site Day Hab, Indv		15 min	15 min					T2021	15 minutes	HI, SE	s)

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	СРТ	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
							Therapeutic procedure,		_				
							one or more areas, each						
							15 minutes; therapeutic,						
							exercises to develop						
							strength and endurance,						
							range of motion and		Comprehensive				
Y9110	Y91109	Physical Therapy		15 min	15 min	97110	1	HI	Waiver				
							Therapeutic procedure,						
							one or more areas, each						
							15 minutes; therapeutic,						
							exercises to develop						
		Dhara's at Thomas					strength and endurance,		0				
V0440	V04440	Physical Therapy		45	45	07440	range of motion and		Comprehensive				
Y9110	Y91119	Consultant		15 min	15 min	97110	flexibility	HI	Waiver				
							Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider,		Comprehensive				
Y9115	Y91159	Occupational Therapy		15 min	15 min	97535		HI	Waiver				

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
		Occupational Therapy -					Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider,		Comprehensive				
Y9115		COTA		15 min	15 min	97535		HI	Waiver				
		Occupational Therapy					Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on- one contact by provider,		Comprehensive				
Y9115		Consultant		15 min	15 min	97535	each 15 minutes	HI	Waiver				
Y9120	Y91209	Speech therapy		15 min	15 min	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	HI	Comprehensive Waiver				

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
		Speech therapy					Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural		Comprehensive				
Y9120	Y91219	Consultant		15 min	15 min	92507	rehabilitation); individual	НІ	Waiver				
Y9126	Y91269	Behavior Therapy		15 min	15 min					H0004		НІ	Comprehensive Waiver
Y9111	Y92119	In Home Respite		Day	per diem					S5151	Unskilled respite care, not hospice, per diem	HI	Comprehensive Waiver
13111	192119	III Home Respite		Day	per diem					33131	Unskilled respite care, not	111	Comprehensive
Y9112	Y91129	In Home Respite		1 hour	15 min					S5150	•	НІ	Waiver
Y9122		In Home Respite, Group		1 hour						S5150	Unskilled respite care, not hospice, per 15 min	HI, HQ	
	\				5 5:						Respite care services, not		Comprehensive
Y9130	Y91309	Respite Care Out of home		Day	Per Diem					H0045	in the home, per diem	HI	Waiver
Y9135	Y91359	Transportation		Month	Month					A0120	Nonemergency transportation	ні	Comprehensive Waiver
Y9135	Y94109	Trans Ambl Small Group		Month	Month					A0120	•	HI	Comprehensive Waiver
Y9135	Y94169	Trans Ambl Large Group		Month	Month					A0120	Nonemergency transportation	ні	Comprehensive Waiver
Y9135	Y94209	Trans Am Att Sm Group		Month	Month					A0120	Nonemergency transportation	ні	Comprehensive Waiver
Y9135	Y94269	Trans Am Att Lg Group		Month	Month					A0120	Nonemergency transportation	ні	Comprehensive Waiver
Y9135	Y94309	Trans Non Am Sm Group		Month	Month					A0120	Nonemergency transportation	НІ	Comprehensive Waiver
Y9135	Y94369	Trans Non Am Lg Group		Month	Month					A0120	Nonemergency transportation	НІ	Comprehensive Waiver
Y9135	Y94469	Trans ISL Ind		Month	Month					A0120	Nonemergency transportation	НІ	Comprehensive Waiver
Y9140	Y91409	Envioronmental Accessibility Adaptations		1 Job	Per Service					S5165	Home modifications, per service	HI	Comprehensive Waiver

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit	Required Unit size	CPT	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description Specialized medical	Modifiers	Modifier Description
		Specialized Medical									equipment, not otherwise		Comprehensive
Y9145	Y91459	Equipment and Supplies		1 Job						12029	specified, waiver	HI	Waiver
Y9150	Y91509	Supported Employment Indv		15 min	15 min					H2023	Supported employment, per 15 min	НІ	Comprehensive Waiver
		Supported Employment									Supported employment, per		Comprehensive
Y9152 Y9113	Y91529 Y91139	Personal Assistant, Individual Provider		15 min	15 min						15 min Personal care sevices, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)		Comprehensive Waiver Consumer- Directed Service
Y9114	Y92149	Personal Assistant, Agency, Indiv		1 hour	15 min					T1019	Personal care sevices, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	ні	Comprehensive Waiver

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	СРТ	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
Y9123	Y91239	Personal Assistant, Group		1 hour	15 min					T1019	Personal care sevices, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse		Comprehensive Waiver; Group
Y9116	Y91169	Personal Assistant, Medical Behavioral		1 hour	15 min					T1010	Personal care sevices, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse		Comprehensive Waiver; Complex/high tech level of care
19110	191109	Crisis Intervention,		Tiloui	13 111111					1 10 19	Crisis intervention mental	111, 10	Comprehensive
Y9117	Y91179	Professional		15 min	1 hour					S9484	health services, per hour	HI	Waiver
Y9118 Y9119	Y91189 Y91199	Crisis Intervention, Technician Community Specialist		15 min	1 hour						Crisis intervention mental health services, per hour Case management, each 15 minutes	HI, HM	Comprehesive Waiver; Less than bachelor degree level Comprehensive Waiver
19119	191199	Community Specialist		13 111111	10 111111					1 10 10	Skills training and	171	vvalvei
Y9121	Y92219	Communication Skills Instruction		1 hour	15 min					H2014	development, per 15 minutes	ні	Comprehensive Waiver

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	POS Ur AMOUNT Size	Required Unit size	CPT	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
Y9109	Y91099	Counseling	15 min	15 min					H0004	Behavioral health counseling and therapy, per 15 min	HI, TG	Comprehensive Waiver; Complex/high tech level of care
	In Ho	me Waiver										
Y9103	Y92039	On Site Day Hab, Group	15 min	15 min					T2021	Day habilitation, waiver; per 15 minutes	U1, HQ	In Home Waiver; Group
Y9104	Y91049	On Site Day Hab, Indv	15 min	15 min					T2021	Day habilitation, waiver; per 15 minutes	U1	In Home Waiver
Y9105	Y91059	Off Site Day Hab, Group	15 min	15 min					T2021	Day habilitation, waiver; per	U1, HQ, SE	In Home Waiver; Group; Off Site (State and/or Federally-funded programs/service s)
	Y91069	Off Site Day Hab, Indv	15 min	15 min						Day habilitation, waiver; per		In Home Waiver; Off Site (State and/or Federally- funded programs/service
		·				Therapeutic procedure, one or more areas, each 15 minutes; therapeutic, exercises to develop strength and endurance, range of motion and					21, 32	
Y9110	Y91109	Physical Therapy	15 min	15 min	97110	flexibility	U1	In Home Waiver				

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
Y9110	Y91119	Physical Therapy Consultant		15 min	15 min	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic, exercises to develop strength and endurance, range of motion and flexibility	U1	In Home Waiver				
Y9115	Y91159	Occupational Therapy		15 min	15 min	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on- one contact by provider, each 15 minutes		In Home Waiver				
Y9115	Y92159	Occupational Therapy - COTA		15 min	15 min	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes		In Home Waiver				

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	CPT	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
		Occupational Therapy					Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider,						
Y9115		Consultant		15 min	15 min	97535	each 15 minutes	U1	In Home Waiver				
							Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural						
Y9120		Speech therapy Speech therapy		15 min	15 min	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural		In Home Waiver				
Y9120	Y91219	Consultant		15 min	15 min	92507	rehabilitation); individual	U1	In Home Waiver		Behavioral health counseling and therapy, per		
Y9126	Y91269	Behavior Therapy		15 min	15 min					H0004		U1	In Home Waiver
Y9111		In Home Respite		Day	per diem					S5151	1 71	U1	In Home Waiver
Y9112	Y91129	In Home Respite		1 hour	15 min					S5150	Unskilled respite care, not hospice, per 15 min Unskilled respite care, not	U1	In Home Waiver In Home Waiver;
Y9122	Y91229	In Home Respite, Group		1 hour						S5150	hospice, per 15 min	U1, HQ	
Y9130	Y91309	Respite Care Out of home		Day	Per Diem					H0045	Respite care services, not in the home, per diem	U1	In Home Waiver

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	СРТ	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
Y9135	Y91359	Transportation		Month	Month					A0120	Nonemergency transportation	U1	In Home Waiver
19133	191009	Transportation		IVIOTILIT	IVIOTILIT					A0120	Nonemergency	O I	iii i ioille vvalvei
Y9135	Y94109	Trans Ambl Small Group		Month	Month					A0120	transportation	U1	In Home Waiver
		•									Nonemergency		
Y9135	Y94169	Trans Ambl Large Group		Month	Month					A0120	transportation	U1	In Home Waiver
											Nonemergency		
Y9135	Y94209	Trans Am Att Sm Group		Month	Month					A0120	transportation	U1	In Home Waiver
											Nonemergency		
Y9135	Y94269	Trans Am Att Lg Group		Month	Month					A0120	transportation	U1	In Home Waiver
Y9135	Y94309	Trans Non Am Sm Group		Month	Month					Δ0120	Nonemergency transportation	U1	In Home Waiver
19100	194009	Trans Non Am Sm Group		WOTHT	IVIOTILIT					70120	Nonemergency	01	in Home waiver
Y9135	Y94369	Trans Non Am Lg Group		Month	Month					A0120	transportation	U1	In Home Waiver
		<u> </u>									Nonemergency		
Y9135	Y94469	Trans ISL Ind		Month	Month					A0120	transportation	U1	In Home Waiver
Y9140	Y91409	Envioronmental Accessibility Adaptations		1 Job	Per Service					S5165	Home modifications, per service	U1	In Home Waiver
V014E	V01450	Specialized Medical		1 lob						T2020	Specialized medical equipment, not otherwise	114	In Home Weiver
Y9145	Y91459	Equipment and Supplies		1 Job						T2029	specified, waiver	U1	In Home Waiver
Y9150	Y91509	Supported Employment Indv		15 min	15 min					H2023	Supported employment, per	U1	In Home Waiver
1.5100	101000	Supported Employment		10 111111	10 111111					112020	Supported employment, per		In Home Waiver;
Y9152	Y91529	Group		15 min	15 min					H2023		U1, HQ	· ·

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION AMOUNT	POS Unit Size	Required Unit size	СРТ	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
		Personal Assistant,								Personal care sevices, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse		In Home Waiver; Consumer-
Y9113	Y91139	Personal Assistant,	1 hour	15 min						assistant) Personal care sevices, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse		Directed Service
Y9114 Y9123	Y92149 Y91239	Agency, Indiv Personal Assistant, Group	1 hour	15 min					T1019	assistant) Personal care sevices, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse		In Home Waiver

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	СРТ	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
		Personal Assistant,									Personal care sevices, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health		In Home Waiver; Complex/high
Y9116	Y91169	Medical Behavioral		1 hour	15 min					T1019	aide or certified nurse	U1, TG	tech level of care
Y9117	Y91179	Crisis Intervention, Professional		15 min	1 hour					S9484	Crisis intervention mental health services, per hour	U1	In Home Waiver In Home Waiver;
Y9118	Y91189	Crisis Intervention, Technician		15 min	1 hour					S9484	• •	U1, HM	Less than bachelor degree
Y9119	Y91199	Community Specialist		15 min	15 min					T1016	Case management, each 15 minutes	U1	In Home Waiver
Y9121	Y92219	Communication Skills Instruction		1 hour	15 min						Skills training and development, per 15	U1	In Home Waiver
Y9109	Y91099	Counseling		15 min	15 min					H0004	Behavioral health counseling and therapy, per 15 min		In Home Waiver; Complex/high tech level of care
	Lope	ez Waiver											
Y9103	Y92039	On Site Day Hab, Group		15 min	15 min					T2021		HI, HQ	Comprehensive Waiver; Group
Y9104	Y91049	On Site Day Hab, Indv		15 min	15 min					T2021	Day habilitation, waiver; per 15 minutes	HI	Comprehensive Waiver

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	СРТ	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
Y9105	Y91059	Off Site Day Hab, Group		15 min	15 min					T2021	Day habilitation, waiver; per	HI, HQ, SE	Comprehensive waiver; Group; Off Site (State and/or Federally- funded programs/service s)
Y9106		Off Site Day Hab, Indv		15 min	15 min					T2021	Day habilitation, waiver; per 15 minutes		Comprehensive Waiver; Off Site (State and/or Federally-funded programs/service s)
19100	191009	Oil Site Day Hab, illuv		13 111111	13 111111					12021	Behavioral health	⊓I, SE	S)
Y9126	Y91269	Behavior Therapy		15 min	15 min					H0004	counseling and therapy, per 15 min	HI	Comprehensive Waiver
Y9111	Y92119	In Home Respite		Day	per diem					S5151	Unskilled respite care, not hospice, per diem	HI	Comprehensive Waiver
10111	102110	in Florite (Copile		Day	per diem					00101	Unskilled respite care, not		Comprehensive
Y9112	Y91129	In Home Respite		1 hour	15 min					S5150	hospice, per 15 min	HI	Waiver
Y9122	Y91229	In Home Respite, Group		1 hour						S5150	Unskilled respite care, not hospice, per 15 min	HI, HQ	
Y9130	Y91309	Respite Care Out of home		Day	Per Diem					H0045	Respite care services, not in the home, per diem	HI	Comprehensive Waiver
10100	101000	respite dure dut of florite		Бау	T CI DICITI					110040	Nonemergency		Comprehensive
Y9135	Y91359	Transportation		Month	Month					A0120	transportation	HI	Waiver
											Nonemergency		Comprehensive
Y9135	Y94109	Trans Ambl Small Group		Month	Month					A0120	transportation Nonemergency	HI	Waiver Comprehensive
Y9135	Y94169	Trans Ambl Large Group		Month	Month					A0120	transportation	HI	Waiver
10.00		rano rano Lango Group								7.10.120	Nonemergency		Comprehensive
Y9135	Y94209	Trans Am Att Sm Group		Month	Month					A0120	transportation	HI	Waiver
V0405	\\0.4000	T A A44 I O		N.4 41-	N 4 41-					40400	Nonemergency		Comprehensive
Y9135	Y94269	Trans Am Att Lg Group		Month	Month					AU120	transportation Nonemergency	HI	Waiver Comprehensive
Y9135	Y94309	Trans Non Am Sm Group		Month	Month					A0120	transportation	ні	Waiver

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit	Required Unit size	CPT	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
Y9135	Y94369	Trans Non Am Lg Group		Month	Month					A0120	Nonemergency transportation	HI	Comprehensive Waiver
10100	104000	Trans Nort / Will Eg Group		Worter	World					710120	Nonemergency		Comprehensive
Y9135	Y94469	Trans ISL Ind		Month	Month					A0120	transportation	HI	Waiver
Y9140		Envioronmental Accessibility Adaptations		1 Job	Per Service					S5165	Home modifications, per service	НІ	Comprehensive Waiver
Y9145	Y91459	Specialized Medical Equipment and Supplies		1 Job						T2029	Specialized medical equipment, not otherwise specified, waiver	HI	Comprehensive Waiver
10110		Supported Employment								12020	Supported employment, per		Comprehensive
Y9150		Indv		15 min	15 min					H2023	15 min	HI	Waiver
Y9152		Supported Employment Group		15 min	15 min					H2023	Supported employment, per 15 min		Comprehensive Waiver; Group
Y9113	Y91139	Personal Assistant, Individual Provider		1 hour	15 min					T1019	Personal care sevices, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	HI, U2	Comprehensive Waiver Consumer- Directed Service
Y9114		Personal Assistant, Agency, Indiv		1 hour	15 min					T1010	Personal care sevices, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	HI	Comprehensive Waiver

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Revised 8-14-03	DMH SERVICE CODE	DESCRIPTION	AMOUNT	POS Unit Size	Required Unit size	СРТ	CPT Description	Modifirers	Modifier Description	HCPCS	HCPCS Description	Modifiers	Modifier Description
Y9123	Y91239	Personal Assistant, Group		1 hour	15 min					T1019	Personal care sevices, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse		Comprehensive Waiver; Group
		Personal Assistant,									Personal care sevices, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health		Comprehensive Waiver; Complex/high
Y9116	Y91169	Medical Behavioral		1 hour	15 min					T1019	aide or certified nurse	HI, TG	tech level of care
Y9117		Crisis Intervention, Professional		15 min	1 hour					S9484	Crisis intervention mental health services, per hour	НІ	Comprehensive Waiver Comprehesive
Y9118	Y91189	Crisis Intervention, Technician		15 min	1 hour					S9484	Crisis intervention mental health services, per hour	HI, HM	Waiver; Less than bachelor degree level
Y9119	Y91199	Community Specialist		15 min	15 min					T1016	Case management, each 15 minutes	HI	Comprehensive Waiver
Y9121		Communication Skills			15 min					H2014	Skills training and development, per 15 minutes	HI	Comprehensive Waiver

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